



Cobb County Business License Division

Mailing Address: P.O. Box 649
Marietta, Georgia 30061
Office Location: 1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064
Phone (770) 528-8410

Web site Address - www.cobbcounty.org
Email Address: businesslicense@cobbcounty.org

Application For Sole Proprietor Occupation Tax Certificate

The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor, effective January 1, 2012, all persons applying for or renewing a Cobb County Occupation Tax Certificate or Cobb County Business License must provide in person or electronically to the Cobb County Business License Division one secure and verifiable document as required by O.C.G.A. 50-36-1(e)(1) and sign and notarize the affidavit required by O.C.G.A. 50-36-1(e)(2) and the affidavit required by O.C.G.A. 36-60-6(d). A list of secure and verifiable documents can be found at the link below.

http://www.georgia.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%208.5.11.pdf

() New Application
This business is: () Ownership Change / Date ownership changed & Certificate # _____
() I am filing a name /or address change for Certificate# _____
() Reprint

Is this business located: () Outside Cobb Co. () In Unincorporated Cobb () Inside City Limits

1. Name Doing Business As _____ Business Phone # () _____

2. Business Address _____ Suite# _____ City _____ State _____ Zip _____

3. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

4. Email Address _____

5. Is property zoned? () Residential () Commercial () Industrial

6. Full Detailed Description of Business _____

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____

Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

8. Date Business began in Cobb County _____

9. # of employees in Cobb _____ E-Verify # (if applicable) _____

10. State Sales Tax ID # _____ Federal ID # _____

11. Name of Sole Proprietor _____ SS# _____ DOB _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Email Address _____

12. Name of person completing application _____ Title _____

Business Address _____ Apt# _____ City _____ State _____ Zip _____

Business Phone () _____ Alternate Phone () _____

Email Address _____

13. Name of manager(s) of this location_____

14. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business?_____ If yes, please list all dates and locations of the offenses and disposition of charges. _____

15. Are you currently delinquent in payment of any taxes or fees to any state or local government? _____
If yes, Please indicate the type of tax or fee, the amount due with the reason the tax is delinquent. _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning Restrictions stated above: _____
(initials)

Signature: _____

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/or revocation of the certificate. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations. The granting of this business registration certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce all laws, ordinances & regulations. I understand that all decisions of the Business License Division may be appealed to the Cobb County License Review Board.

This _____ day of _____, 20_____.

Signature of applicant _____
() Owner () Manager () Other specify _____

*****APPLICANT MUST COMPLETE THE AFFIDAVIT AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ **Category** _____ **BL STAFF** _____

Due current yr _____ **Due previous yr** _____ **Due for 2 yrs prior to current yr** _____

Penalty _____ **Interest** _____ **Total Due\$** _____ **Receipt #** _____

Method of payment: CASH / CHECK # _____ **Zoning Division** _____ **Approved/Denied** _____
(circle one) (circle one)

REVISED 2/13

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONLY ONE OPTION:

- 1)____ I am a United States citizen.
- 2)____ I am a legal permanent resident of the United States. **(Provide I-551)**
- 3)____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN
BEFORE ME ON THE
____DAY OF____20____

NOTARY PUBLIC
My Commission Expires:

Business Name _____

Occupation Tax Certificate /License #_____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____
[printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

Number of Employees _____

1. Fill out this section between July 1, 2012, and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

2. Fill out this section on or after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____